



This form can ONLY be used if your license is expired. If you hold an active license you must renew online here: <https://mylicense.in.gov/EGov/Login.aspx>

Expired APN Renewal Form

Your license is expired. To renew by mail, please complete this form in its entirety and submit it with the expired renewal fee of \$60.00 to the office address shown in the above right corner. If you answer 'Yes' to the questions below send a detailed statement regarding the response with this form and the fee.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address				
Enter Licensee Name	Enter Authorization Number	CE Hours www.pla.IN.gov	Enter Expiration Date	Renewal Fee \$60.00
Street Address				
City		State	Zip Code	
Phone Number		Email Address		

QUESTIONS		
1. Do you have a current collaborative agreement with an Indiana licensed physician?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. What is the primary physician's Indiana license number?:		
3. What is the primary physician's name?		
4. Since you last renewed have you worked as an APN or signed your name as one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have a current Indiana RN license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including CE requirements and name change requests, or email the Board at pla2@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date